

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East  
 Check if different than previously reported. (ACC)  
Minnetonka MN 55343

2. **FEC IDENTIFICATION NUMBER** C00274431  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on 10 18 2006 in the State of  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Patrick J. Erlandson  
Signature of Treasurer Electronically Filed by Patrick J. Erlandson Date 10 25 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		100128.32
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	161094.73									
(c) Total Receipts (from Line 19) .....	16054.02	409520.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	177148.75	509648.75								
7. Total Disbursements (from Line 31) .....	50750.00	383250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	126398.75	126398.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13239.46	207674.02
(i) Itemized (use Schedule A) .....	2814.56	57794.19
(ii) Unitemized .....	16054.02	265468.21
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16054.02	265468.21
12. Transfers From Affiliated/Other Party Committees .....	0.00	142052.22
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16054.02	409520.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16054.02	409520.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	320500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	35250.00	62750.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	50750.00	383250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	50750.00	383250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	16054.02	265468.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16054.02	265468.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Mr. Ashok J. Sudarshan</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 7600 N 16th Street, Ste 230 AZ031-1000		<b>Transaction ID: 24797060</b>	
City State Zip Code Phoenix AZ 85020	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Information systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MOLLIE CHAPMAN</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 4501 Erskine Road OH035-3035		<b>Transaction ID: PR1159790515307</b>	
City State Zip Code Cincinnati OH 45242	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Manager, Provider Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. KEN L HOVERMAN</b>		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address 3650 Olentangy River Rd OH020-3010		<b>Transaction ID: PR1159790915307</b>	
City State Zip Code Columbus FL 43214-1138	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC Ohio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		
		P/R Deduction (\$30.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. ANTHONY J KAZLAUSKAS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 475 Kilvert St, Suite 310 RI010-3400		<b>Transaction ID: PR1159794615307</b>
City State Zip Code Warwick RI 02886-1392	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Medical Director	Aggregate Year-to-Date ▼ _____ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J KOEHLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 106 Farmers Alley, Suite 400 MI012-3200		<b>Transaction ID: PR1159795315307</b>
City State Zip Code Kalamazoo TX 49005-0271	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. CEO PHP Southwest Michigan	Aggregate Year-to-Date ▼ _____ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CARLA M MUGGIO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address One South Wacker IL014-3605		<b>Transaction ID: PR1159798215307</b>
City State Zip Code Chicago PA 60606	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. VP Operations	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>79.23</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CHERYL A POPECK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 800 N Magnolia Ave., S#600 FL029-1029		<b>Transaction ID: PR1159799415307</b>	
City State Zip Code Orlando FL 32803	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.	Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		

Full Name (Last, First, Middle Initial) <b>B. HERBERT L WHETSTINE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 513 Eaton St. MN003-1000		<b>Transaction ID: PR1159803615307</b>	
City State Zip Code St. Paul MN 55107	Amount of Each Receipt this Period _____ 9.61		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$9.61 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.	Occupation Aviation Department Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 201.81		

Full Name (Last, First, Middle Initial) <b>C. BRIAN R BELLOWS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1175 Post Rd East		<b>Transaction ID: PR1159803815307</b>	
City State Zip Code Westport CT 06880	Amount of Each Receipt this Period _____ 15.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$15.00 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales Strategic Service		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>34.61</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. KEITH W NOBLITT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2970 Clairmont Rd #650		<b>Transaction ID: PR1159805515307</b>	
City Atlanta	State GA	Zip Code 30329-1634	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Strategic Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 420.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. JAMES S WATSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2717 N. 118th Lucile		<b>Transaction ID: PR1159806015307</b>	
City Omaha	State NE	Zip Code 68164	Amount of Each Receipt this Period _____ 19.23
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Govt Relations, UHC Midlands		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 403.83		
		P/R Deduction (\$19.23 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. MARILYN C NEVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5901 Lincoln Drive MN012-N220		<b>Transaction ID: PR1159807415307</b>	
City Edina	State MN	Zip Code 55436	Amount of Each Receipt this Period _____ 10.00
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer UnitedHealth Group, Inc.	Occupation Director of Risk Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>49.23</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____





# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. LOIS E QUAM</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159813715307
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 192.30
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, Ovations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>B. RICHARD A COLLINS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814015307
Mailing Address 450 Columbus Blvd CT030-1030		Amount of Each Receipt this Period 50.00
City Hartford	State IN	Zip Code 06115-0450
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS H LINDQUIST</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814115307
Mailing Address 9900 Bren Road East MN008-T300		Amount of Each Receipt this Period 153.84
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		P/R Deduction (\$153.84 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation President, AARP Division, Ovations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3230.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	396.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. DAVID S WICHMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159814715307
Mailing Address 9900 Bren Road East MN008-W304		Amount of Each Receipt this Period 192.30
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. SVP - Corporate Development	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>B. SAUL FELDMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815215307
Mailing Address 405 Market Street CA035-2701		Amount of Each Receipt this Period 76.92
City State Zip Code San Francisco CA 94105	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. CEO United Behavioral Health	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>C. PATRICK J ERLANDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159815915307
Mailing Address 9900 Bren Road E MN008-8315		Amount of Each Receipt this Period 192.30
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. VP Corporate Controller	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4038.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	461.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. PIERRE A MCMAHON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816015307
Mailing Address 450 Columbus Blvd CT030-12BB		Amount of Each Receipt this Period 10.00
City State Zip Code Hartford CT 06115-0430	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. General Council - Uniprise	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA R SAURO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816415307
Mailing Address 9900 Bren Road East MN008-T500		Amount of Each Receipt this Period 19.23
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer Occupation United HealthGroup, Inc. VP Product Development AARP	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM A MUNSELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159816615307
Mailing Address 9900 Bren Road E MN008-W301		Amount of Each Receipt this Period 100.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Chief Operating Officer	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JOHN S PENSCHORN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-8092		<b>Transaction ID: PR1159816915307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Investor Relations	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. SERAFIN F SANDELLA</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 601 Office Center Drive		<b>Transaction ID: PR1159817215307</b>
City Ft Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer United HealthGroup, Inc.	Occupation Director Compliance AARP	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL D KALLMEYER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 601 Office Center Drive PA020-1011		<b>Transaction ID: PR1159817415307</b>
City Ft. Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer United HealthGroup	Occupation Attorney	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. SHEILA E MCMILLAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T300		<b>Transaction ID: PR1159817515307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group, Inc.	Occupation VP - Finance AARP Division	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. JOHN R MACH JR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		<b>Transaction ID: PR1159817615307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Medical Officer, Evercare	P/R Deduction (\$80.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY F RYAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Rd East MN008-T400		<b>Transaction ID: PR1159817915307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.00
Name of Employer UnitedHealth Group	Occupation Segment General Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 99		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. THOMAS J QUIRK</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5800 Granite Parkway, ste 900 TX033-1000		<b>Transaction ID: PR1159819115307</b>
City State Zip Code Plano TX 75024	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group	Occupation CEO Dallas/Austin Health Plan	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. AMY K KNAPP</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address Two Penn Plaza, 7th Floor NY036-1000		<b>Transaction ID: PR1159819315307</b>
City State Zip Code New York FL 10121	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group	Occupation Regional President, Eastern Region, UH	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM E MOELLER</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 233 North Michigan Ave IL014-0300		<b>Transaction ID: PR1159819515307</b>
City State Zip Code Chicago IL 60601	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group	Occupation CEO UnitedHealthcare Illinois	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>230.76</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) LYNELLE IRELAN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819615307	
Mailing Address 333 North Alabama St Ste 350 IN035-1000		Amount of Each Receipt this Period 10.00	
City Indianapolis State IN Zip Code 46204	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group, Inc. Occupation Executive Director LifeMark	Aggregate Year-to-Date ▼ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$10.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D.		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159819815307	
Mailing Address 9900 Bren Road East MN008-T902		Amount of Each Receipt this Period 115.38	
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group Occupation Sr. V.P. Consumer Health & Medical Car	Aggregate Year-to-Date ▼ 2422.98		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$115.38 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) DAVID J FALK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1159820215307	
Mailing Address 2 Penn Plaza Ste 700 NY036-1000		Amount of Each Receipt this Period 12.50	
City New York State NY Zip Code 10121	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group, Inc. Occupation Medical Director	Aggregate Year-to-Date ▼ 262.50		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$12.50 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>137.88</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	







# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JEANNINE M RIVET</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road E. MN008-W315		<b>Transaction ID: PR1159830015307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer UnitedHealth Group, Inc.	Occupation Executive VP/Operations	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM J ANTHONY</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W130		<b>Transaction ID: PR1159830215307</b>
City Minnetonka	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Call Center Operations - Ovations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>C. JACK E SHUFF</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1160 Town Center Dr., Ste 390 NV005-1000		<b>Transaction ID: PR1159830515307</b>
City Las Vegas	State GA	Zip Code 89134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.23
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Sales and Service	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>249.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. PAUL J GRANDPRE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 450 Columbus Blvd 3NB-A		<b>Transaction ID: PR1159837115307</b>		
City State Zip Code Hartford CT 06115-0450	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 210.00		
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Customer Admin Svcs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. JOHN F STEVENSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 450 Columbus Blvd 5NB-B		<b>Transaction ID: PR1159839315307</b>		
City State Zip Code Hartford CT 06115-0450	Amount of Each Receipt this Period _____ 9.80		P/R Deduction (\$9.80 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 205.80		
Name of Employer UnitedHealth Group, Inc.	Occupation Associate General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. RICHARD SEGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 281 Winter St., Suite 301 MA66-1000		<b>Transaction ID: PR1159841215307</b>		
City State Zip Code Waltham MA 02154	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 210.00		
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director - Evercare			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>29.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Mr. ANTHONY WELTERS

Mailing Address 8045 Leesburg Pike Ste 650  
VA026-1000

City Vienna State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1332013215307

Amount of Each Receipt this Period  
192.30

P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JOHN KIRCHNER

Mailing Address 172 West State St., Suite 102  
NJ040-1000

City Trenton State NJ Zip Code 08530

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1530190515307

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LESLIE GIDDENS ROBINSON

Mailing Address 8045 Leesburg Pike Ste 650  
VA026-1000

City Vienna State VA Zip Code 22182

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation SVP Medical Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2422.98

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1530798315307

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>346.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. MARY G SHINHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550190915307
Mailing Address 100 Penn Square, FL9 PA040-1000		Amount of Each Receipt this Period 20.00
City Philadelphia State AZ Zip Code 19107	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAQUELYN E ALBRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550191015307
Mailing Address 9900 Bren Road East MN008-T202		Amount of Each Receipt this Period 28.85
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Attorney	Aggregate Year-to-Date ▼ 605.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID P INGRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1550191115307
Mailing Address 9900 Bren Road East MN008-T500		Amount of Each Receipt this Period 67.31
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$67.31 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 1413.51	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	116.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	





# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JEFFREY W KAGAN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2950 Expressway Drive South Ste 24 NY033-1000		<b>Transaction ID: PR1551132315307</b>
City Islandia	State NY	Zip Code 11749-1412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer UnitedHealth Group, Inc.	Occupation Financial Analyst	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL C MATTEO</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-15NB		<b>Transaction ID: PR1551133415307</b>
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.23
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. DAWN M OWENS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address FL 35 1114 AVENUE OF THE AMERICAS NY065-W350		<b>Transaction ID: PR1551160315307</b>
City NEW YORK	State NY	Zip Code 10036
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.00
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4032.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>231.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CATHERINE M PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551160415307
Mailing Address 8051 East Maplewood Ave. #300 CO030-1000		Amount of Each Receipt this Period 20.00
City State Zip Code Greenwood Village CO 80111	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Nurse	Aggregate Year-to-Date ▼ 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ERIKA A ROGERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551160715307
Mailing Address 2080 East 20th Street CA060-1000		Amount of Each Receipt this Period 10.00
City State Zip Code Chico CA 95928	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. THOMAS J VALERIUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551161315307
Mailing Address 9900 Bren Road East MN008-T850		Amount of Each Receipt this Period 76.92
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ 1615.32	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	106.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. LOIS T WEIHRAUCH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1551161415307
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 15.00
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Computer Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY R CARR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1554323415307
Mailing Address 13621 Nw 12th St FL075-1000		Amount of Each Receipt this Period 15.00
City State Zip Code Sunrise FL 33323	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN O ENDERLE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1554323515307
Mailing Address 450 Columbus Blvd CT030-07SB		Amount of Each Receipt this Period 11.00
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 231.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	41.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL RADU		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1554324515307
Mailing Address 3141 North Third Ave AZ060-S120		Amount of Each Receipt this Period 19.23
City Phoenix State DC Zip Code 85013	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Marketing	Aggregate Year-to-Date ▼ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) CATHERINE E SPILLANE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1554324615307
Mailing Address 9700 Bissonnet Suite 2300/2500 TX037-0100		Amount of Each Receipt this Period 19.23
City Houston State TX Zip Code 77036-8000	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Administration	Aggregate Year-to-Date ▼ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) KIRK E STAPLETON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1554324715307
Mailing Address 5901 Lincoln Drive MN012-S138		Amount of Each Receipt this Period 50.00
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Network Development	Aggregate Year-to-Date ▼ 1050.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	88.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CRAIG C ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575957315307
Mailing Address 450 Columbus Blvd CT030-15NB		Amount of Each Receipt this Period 19.23
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 403.83		

Full Name (Last, First, Middle Initial) <b>B. KAREN L ERICKSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575957615307
Mailing Address 5901 Lincoln Drive MN012-N110		Amount of Each Receipt this Period 40.00
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 840.00		

Full Name (Last, First, Middle Initial) <b>C. ERNEST MONFILETTO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1575958115307
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Amount of Each Receipt this Period 76.92
City Philadelphia State NY Zip Code 19107	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Computer Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1615.32		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	136.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. LEE D VALENTA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 12125 TECHNOLOGY DRIVE MN002-0100		<b>Transaction ID: PR1575958515307</b>	
City EDEN PRAIRIE State MN Zip Code 55344	Amount of Each Receipt this Period _____ 192.30		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date ▼ _____ 4038.30		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TOM M DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5975 Castle Creek PKWY N DR STE 1 IN040-1000		<b>Transaction ID: PR1580863515307</b>	
City Indianapolis State IN Zip Code 46250	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Director Sales	Aggregate Year-to-Date ▼ _____ 840.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DAVID B OSTLER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2525 Lake Park Boulevard UT015-0500		<b>Transaction ID: PR1580864615307</b>	
City West Valley City State MN Zip Code 84120	Amount of Each Receipt this Period _____ 10.00		
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Marketing	Aggregate Year-to-Date ▼ _____ 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>242.30</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. THOMAS S PAUL</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T500		<b>Transaction ID: PR1580864715307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc.	Occupation Pharmacy	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. JIMMIE L POGUE</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 601 Office Center Drive PA020-1000		<b>Transaction ID: PR1580864815307</b>
City Fort Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.23
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. KAREN R SCHIEVELBEIN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 425 Market St Floor 12/13/27 CA035-2700		<b>Transaction ID: PR1580865115307</b>
City San Francisco	State MD	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>134.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JOSEPH O WEISSENBORN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T850		<b>Transaction ID: PR1580865415307</b>
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 85.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$85.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. HR Benefits	Aggregate Year-to-Date ▼ _____ 1785.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GEORGE E BENNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 4170 Ashford Dunwoody RD Ste 100 GA035-1000		<b>Transaction ID: PR1596303615307</b>
City State Zip Code Atlanta GA 30319	Amount of Each Receipt this Period _____ 10.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ _____ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM S BOJAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T205		<b>Transaction ID: PR1596303715307</b>
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Risk Management	Aggregate Year-to-Date ▼ _____ 840.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) BRIGID A BONNER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303815307	
Mailing Address 9900 Bren Road East MN008-W212		Amount of Each Receipt this Period 20.00	
City Minnetonka	State MN	Zip Code 55343	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 420.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Information Technology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) CHARLES A BOWLES		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596303915307	
Mailing Address P.O Box 9472 PA960-1000		Amount of Each Receipt this Period 19.23	
City Minneapolis	State MN	Zip Code 55440-9472	P/R Deduction (\$19.23 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 403.83	
Name of Employer UnitedHealth Group, Inc.	Occupation Sales & Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) PAUL H GULSTRAND		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304015307	
Mailing Address 6300 Olson Memorial HWY MN010-E112		Amount of Each Receipt this Period 38.46	
City Golden Valley	State MN	Zip Code 55427	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 807.66	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	77.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. RICHARD J HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304115307
Mailing Address 6300 Olson Memorial Hwy MN010-S268		Amount of Each Receipt this Period 10.00
City Golden Valley State MN Zip Code 55427	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. PAMELA N HURSH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304215307
Mailing Address 6300 Olson Memorial HWY MN010-S203		Amount of Each Receipt this Period 25.00
City Golden Valley State MN Zip Code 55427	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Accountant	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN KING</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596304415307
Mailing Address 450 Columbus Blvd CT030-03NB		Amount of Each Receipt this Period 10.00
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Sales	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	45.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 99						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. GEORGE L MIKAN III</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 9900 Bren Road East MN008-T700		<b>Transaction ID: PR1596304815307</b>		
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 76.92		P/R Deduction (\$76.92 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 1615.32		
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CAROL B MORNESS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6300 Olson Memorial HWY MN010-E112		<b>Transaction ID: PR1596304915307</b>		
City State Zip Code Golden Valley MN 55427	Amount of Each Receipt this Period _____ 38.46		P/R Deduction (\$38.46 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 807.66		
Name of Employer UnitedHealth Group, Inc.	Occupation Underwriting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PAMELA J RUSSO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 425 Market St FL 12/13/27 CA035-2700		<b>Transaction ID: PR1596305015307</b>		
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period _____ 11.54		P/R Deduction (\$11.54 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 242.34		
Name of Employer UnitedHealth Group, Inc.	Occupation Personnel	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>126.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. SCOTT E THEISEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W395		<b>Transaction ID: PR1596305615307</b>
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROGER A WEBER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6300 Olson Memorial Hwy MN010-W115		<b>Transaction ID: PR1596305715307</b>
City State Zip Code Golden Valley MN 55427	Amount of Each Receipt this Period _____ 11.54	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.54 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Administration	Aggregate Year-to-Date ▼ _____ 242.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. THOMAS D LEWIS</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3838 N Causeway Blvd STE 2100 LA035-1000		<b>Transaction ID: PR1596306915307</b>
City State Zip Code Metairie FL 70002	Amount of Each Receipt this Period _____ 38.46	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.46 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ _____ 807.66	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>69.23</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER		Date of Receipt
Mailing Address 9900 Bren Road East MN008-T380		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Minnetonka MN 55343		<b>Transaction ID:</b> PR1596307015307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 29.00
Name of Employer UnitedHealth Group, Inc.	Occupation Cash Management	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 609.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT REBITZER		Date of Receipt
Mailing Address 425 Market St Fl 12/13/27 CA035-2700		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code San Francisco CA 94105		<b>Transaction ID:</b> PR1596307115307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 19.23
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

<b>C.</b> Full Name (Last, First, Middle Initial) DIANE L BEDNAR-FLYNN		Date of Receipt
Mailing Address 9900 Bren Road East MN008-W130		<input type="text"/> / <input type="text"/> / <input type="text"/>
City State Zip Code Minnetonka NY 55343		<b>Transaction ID:</b> PR1596309715307
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care Services	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>68.23</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 99						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) LISA M BEHNKE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596309815307	
Mailing Address Two Penn Plaza 6/7 Floors NY036-1000		Amount of Each Receipt this Period 100.00	
City State Zip Code New York FL 10121	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UnitedHealth Group, Inc. Medicine	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2100.00		
P/R Deduction (\$100.00 Bi-Weekly)			

<b>B.</b> Full Name (Last, First, Middle Initial) TROY A BORCA		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596310415307	
Mailing Address 9900 Bren Road East MN008-T500		Amount of Each Receipt this Period 10.00	
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00		
P/R Deduction (\$10.00 Bi-Weekly)			

<b>C.</b> Full Name (Last, First, Middle Initial) JEFFREY S COOK		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596311315307	
Mailing Address 5959 Northwest Pkwy Ste 107 TX061-1000		Amount of Each Receipt this Period 11.54	
City State Zip Code San Antonio TX 78249	FEC ID number of contributing federal political committee. C		
Name of Employer Occupation UnitedHealth Group, Inc. Network Management	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 242.34		
P/R Deduction (\$11.54 Bi-Weekly)			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	121.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 99		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) RICHARD G DUNLOP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312315307	
Mailing Address 9200 Worthington Road OH020-3010		Amount of Each Receipt this Period 25.00	
City Westerville State OH Zip Code 43082	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date ▼ 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$25.00 Bi-Weekly)		

<b>B.</b> Full Name (Last, First, Middle Initial) KEITH A EPPERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312415307	
Mailing Address 5901 Lincoln Drive MN012-N230		Amount of Each Receipt this Period 15.00	
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group, Inc. Occupation Actuary	Aggregate Year-to-Date ▼ 315.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$15.00 Bi-Weekly)		

<b>C.</b> Full Name (Last, First, Middle Initial) JILLIAN R FOUCRE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596312715307	
Mailing Address 233 North Michigan Ave IL014-3605		Amount of Each Receipt this Period 20.00	
City Chicago State IL Zip Code 60601	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer UnitedHealth Group, Inc. Occupation Senior Management	Aggregate Year-to-Date ▼ 420.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) KURT A HEUMANN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596313715307
Mailing Address 13655 Riverport Drive MO050-1000		Amount of Each Receipt this Period 12.00
City Maryland Heights State MO Zip Code 63043	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Networking	Aggregate Year-to-Date 252.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) NANETTE R KARTSONIS		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596314615307
Mailing Address 9900 Bren Road East MN008-W130		Amount of Each Receipt this Period 20.00
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Sales	Aggregate Year-to-Date 420.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) EDWARD LAGERSTROM		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596315015307
Mailing Address 9900 Bren Road East MN008-T430		Amount of Each Receipt this Period 38.46
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date 807.66	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.46
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. THOMAS CHARLES REKART</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12125 Technology Drive MN002-0100		<b>Transaction ID: PR1596316715307</b>
City State Zip Code Eden Prairie MD 55344	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN H RENNICK JR</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6230 Rairview Rd #315 NC015-1000		<b>Transaction ID: PR1596316815307</b>
City State Zip Code Charlotte NC 28210-3253	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Doctor	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JAMISON RICE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5901 Lincoln Drive MN012-S200'		<b>Transaction ID: PR1596316915307</b>
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period _____ 11.54	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.54 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Aggregate Year-to-Date ▼ _____ 242.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. STEPHAN S RODGERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317115307
Mailing Address 5901 Lincoln Drive MN012-S200		Amount of Each Receipt this Period 115.38
City Edina State NY Zip Code 55436	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 2422.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DANIEL I ROSENTHAL</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317315307
Mailing Address 13621 NW 12Th St FL075-1000		Amount of Each Receipt this Period 19.23
City Sunrise State FL Zip Code 33323	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KEVIN J RUTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596317415307
Mailing Address 80 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 75.00
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date ▼ 1575.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	209.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. MANUEL A SELVA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 13621 NW 12th St. FL075-1000		<b>Transaction ID: PR1596317715307</b>
City State Zip Code Sunrise FL 33323	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Doctor	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JUAN R SERRANO</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5800 Granite Parkway Ste 900 TX033-1000		<b>Transaction ID: PR1596317815307</b>
City State Zip Code Plano TX 75024	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID C STURKEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 107 Westpark Blvd Ste 110 SC020-1000		<b>Transaction ID: PR1596318415307</b>
City State Zip Code Columbia NC 29210	Amount of Each Receipt this Period _____ 38.46	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.46 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Health Care	Aggregate Year-to-Date ▼ _____ 807.66	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>76.92</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. ROXANNE THOMAS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596318915307
Mailing Address 9900 Bren Road East MN008-T615		Amount of Each Receipt this Period 11.54
City Minnetoka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Administrative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B. CHRIS B TURNAU</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319115307
Mailing Address 9900 Bren Road East MN008-T390		Amount of Each Receipt this Period 10.00
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Tax Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. ROSEMARY VENUTO</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319315307
Mailing Address 1900 E Golf Road #200/300 IL035-0300		Amount of Each Receipt this Period 19.23
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) FRANK M VIERLING		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319415307
Mailing Address 2700 Midwest Drive WI010-1000		Amount of Each Receipt this Period 10.00
City Onalaska State WI Zip Code 54650	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Executive	Aggregate Year-to-Date 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) M LAURIE WASSERSTEIN		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319515307
Mailing Address 450 Columbus Blvd CT030-12NB		Amount of Each Receipt this Period 19.23
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) MYRON R WERLEY		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596319615307
Mailing Address 5901 Lincoln Drive MN012-N123		Amount of Each Receipt this Period 12.50
City Edina State MN Zip Code 55436	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Insurance	Aggregate Year-to-Date 262.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	41.73
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. WILLIAM R WILSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320015307
Mailing Address 450 Columbus Blvd CT028-09SB		Amount of Each Receipt this Period 10.00
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Underwriting	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>B. JANET P WRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596320115307
Mailing Address 9200 Worthington Road OH020-3010		Amount of Each Receipt this Period 10.00
City Westerville State OH Zip Code 43082	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. EDWARD J WHEELER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1600594415307
Mailing Address 64 Warner Road OH910-1000		Amount of Each Receipt this Period 40.00
City Hubbard State OH Zip Code 44425	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Mktg & Strategic Performance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 840.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	







# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. MATTHEW W PETERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5901 Lincoln Drive MN012-S286		<b>Transaction ID: PR1602669915307</b>
City Edina State MN Zip Code 55436	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 840.00	

Full Name (Last, First, Middle Initial) <b>B. JEFF W MALONEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-W130		<b>Transaction ID: PR1613243515307</b>
City Minnetonka State MN Zip Code 55343	Amount of Each Receipt this Period _____ 76.92	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1615.32	

Full Name (Last, First, Middle Initial) <b>C. LAURA M BRANKER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 8045 Leesburg Pike VA026-1000		<b>Transaction ID: PR1613243615307</b>
City Vienna State VA Zip Code 22182	Amount of Each Receipt this Period _____ 28.85	
FEC ID number of contributing federal political committee. <b>C</b> _____		P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 605.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>145.77</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ALLEN LAWRENCE FINKELSTEIN

Mailing Address 2 Gateway Center  
NJ040-1000

City State Zip Code  
Newark NY 07102

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1620989015307

Amount of Each Receipt this Period  
38.46

P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
LINDA L CULLEN

Mailing Address 9200 Worthington Road  
OH020-3010

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1632359715307

Amount of Each Receipt this Period  
10.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DANIEL S WALLER

Mailing Address 9900 Bren Road East  
MN008-W385

City State Zip Code  
Minnetonka MN 55343

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.85

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1632360015307

Amount of Each Receipt this Period  
28.85

P/R Deduction (\$28.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>77.31</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. TERRY E BERETT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6150 TRENTON LN N MN013-N300		<b>Transaction ID: PR1653442815307</b>		
City PLYMOUTH      State MN      Zip Code 55442	Amount of Each Receipt this Period _____ 10.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM F KENNEDY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 450 Columbus Blvd CT028-07SA		<b>Transaction ID: PR1653443115307</b>		
City Hartford      State CT      Zip Code 06103	Amount of Each Receipt this Period _____ 15.39		P/R Deduction (\$15.39 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 323.19			

Full Name (Last, First, Middle Initial) <b>C. STEVE R KOOREN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6150 Trenton Lane N MN013-N400		<b>Transaction ID: PR1653443215307</b>		
City Plymouth      State MN      Zip Code 55442	Amount of Each Receipt this Period _____ 57.69		P/R Deduction (\$57.69 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____				
Name of Employer UnitedHealth Group, Inc.	Occupation Finance			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1211.49			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>83.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____





**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JOYCE A LARKIN</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T500		<b>Transaction ID:</b> PR1677771615307
City Minnetonka State MN Zip Code 55343	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group, Inc. Occupation Public Relations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$76.92 Bi-Weekly)
Aggregate Year-to-Date ▼ 1615.32		

Full Name (Last, First, Middle Initial) <b>B. JOHN T KOUTSOUMPAS JR</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 701 Pennsylvania Ave NW Suite 530 DC030-1000		<b>Transaction ID:</b> PR1748514515307
City Washington State DC Zip Code 20004	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 38.46
Name of Employer UnitedHealth Group, Inc. Occupation Public Affairs	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)
Aggregate Year-to-Date ▼ 807.66		

Full Name (Last, First, Middle Initial) <b>C. LEE R SHAPIRO</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 800 King Farm Blvd, STE 600 MD051-1000		<b>Transaction ID:</b> PR1775550915307
City Rockville State MD Zip Code 20850	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 28.85
Name of Employer UnitedHealth Group, Inc. Occupation HealthCare Provider	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$28.85 Bi-Weekly)
Aggregate Year-to-Date ▼ 605.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>144.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. DEBORAH A GOUGH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806442115307
Mailing Address 10 Taft Court MD063-6000		Amount of Each Receipt this Period 18.90
City State Zip Code Rockville MD 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.90 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales & Marketing	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 396.90	

Full Name (Last, First, Middle Initial) <b>B. GARY W HONEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806442315307
Mailing Address 21515 Ridgetop Cir #330 VA004-1000		Amount of Each Receipt this Period 10.00
City State Zip Code Sterling VA 20166	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. DIANA KERNER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806442715307
Mailing Address STE M/N 10200 Old Columbia Road MD058-0400		Amount of Each Receipt this Period 10.00
City State Zip Code Columbia MD 21046	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Medical Services	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	38.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) KARL H KRAMER		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443015307
Mailing Address 800 Oak Street MD059-7000		Amount of Each Receipt this Period 10.00
City State Zip Code Frederick MD 21703	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

<b>B.</b> Full Name (Last, First, Middle Initial) JEFF L LEVINE		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443215307
Mailing Address 6095 Marshalee Dr Ste 200 MD032-1000		Amount of Each Receipt this Period 20.00
City State Zip Code Elkridge MD 21075	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 420.00	

<b>C.</b> Full Name (Last, First, Middle Initial) JOAN I MCLEOD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806443715307
Mailing Address 800 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 10.00
City State Zip Code Rockville MD 20850	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Information Systems	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. WILLIAM TALAMANTES</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806444715307
Mailing Address Ste M/N, 10200 Old Columbia RD MD058-1000		Amount of Each Receipt this Period 17.60
City Columbia      State MD      Zip Code 21046	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$17.60 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.      Occupation Management	Aggregate Year-to-Date ▼ 369.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BRIAN THADEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806444815307
Mailing Address 800 King Farm Blvd Ste 600 MD051-1000		Amount of Each Receipt this Period 10.00
City Rockville      State MD      Zip Code 20850	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.      Occupation Legal	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LORI A ARCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1806750115307
Mailing Address 5975 Castlecreek Pkwy IN040-1000		Amount of Each Receipt this Period 11.54
City Indianapolis      State IN      Zip Code 46250	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.      Occupation Sales	Aggregate Year-to-Date ▼ 242.34	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	39.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. GREGORY A BAYER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 425 Market St FL 12/13/27 CA035-2700		<b>Transaction ID: PR1806750215307</b>
City State Zip Code San Francisco CA 94105	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$60.00 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Management	Aggregate Year-to-Date ▼ _____ 1260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PAUL M EMERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 6300 Olson Memorial Hw MN010-E1133		<b>Transaction ID: PR1806750315307</b>
City State Zip Code Golden Valley MN 55427	Amount of Each Receipt this Period _____ 19.23	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Aggregate Year-to-Date ▼ _____ 403.83	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. HOLLY A BODE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address Suite 530, 701 Pennsylvania Ave NW DC030-1000		<b>Transaction ID: PR1817581115307</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period _____ 38.46	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$38.46 Bi-Weekly)	
Name of Employer Occupation UnitedHealth Group, Inc. Administration	Aggregate Year-to-Date ▼ _____ 807.66	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>117.69</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. SHERRIC PINOTTI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 12755 Highway 55 MN009-S200		<b>Transaction ID: PR1832039815307</b>
City Plymouth State MN Zip Code 55441	Amount of Each Receipt this Period _____ 28.85	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$28.85 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date ▼ _____ 605.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTIAN S BERGERON</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-15NB		<b>Transaction ID: PR1832301915307</b>
City Hartford State CT Zip Code 06103	Amount of Each Receipt this Period _____ 28.85	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$28.85 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date ▼ _____ 605.85	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SHAUNA D ULLOA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-14NA		<b>Transaction ID: PR1832379115307</b>
City Hartford State CT Zip Code 06103	Amount of Each Receipt this Period _____ 0.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$0.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Sales	Aggregate Year-to-Date ▼ _____ 219.26	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>57.70</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) MICHELLE D LEDELL		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1882850615307	
Mailing Address 9900 Bren Road East MN008-T615		Amount of Each Receipt this Period 40.00	
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation UnitedHealth Group, Inc. Human Resources	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 840.00		
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903550715307	
Mailing Address 701 Pennsylvania Avenue, NW #530 DC030-1000		Amount of Each Receipt this Period 25.00	
City State Zip Code Washington MD 20004	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation UnitedHealth Group, Inc. Administration	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 450.00		
		P/R Deduction (\$25.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903560815307	
Mailing Address 450 Columbus Blvd CT030-06NB		Amount of Each Receipt this Period 20.00	
City State Zip Code Hartford CT 06103	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00		
		P/R Deduction (\$20.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. SUSAN A CASEY</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Road East MN008-T615		<b>Transaction ID: PR1903567815307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 11.54	
Name of Employer UnitedHealth Group, Inc.	Occupation Legal	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J DUFEK</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 12755 Highway 55		<b>Transaction ID: PR1903577115307</b>
City Plymouth	State MN	Zip Code 55441
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems Management	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. SUSAN B EDBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9900 Bren Raod East MN008-T615		<b>Transaction ID: PR1903578115307</b>
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Customer Service	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. HYONG JIN PARK</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-07SA		<b>Transaction ID: PR1903611415307</b>
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date ▼ _____ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN C SANTELLI</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9900 Bren Road East MN008-T615		<b>Transaction ID: PR1903622015307</b>
City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period _____ 11.54	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$11.54 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Information Systems	Aggregate Year-to-Date ▼ _____ 207.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. THOMAS L TRAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 450 Columbus Blvd CT030-15NB		<b>Transaction ID: PR1903633215307</b>
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period _____ 40.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Aggregate Year-to-Date ▼ _____ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>71.54</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. PAUL D WEYMOUTH</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1903636915307
Mailing Address 450 Columbus Blvd CT030-06NB		Amount of Each Receipt this Period 19.23
City Hartford State CT Zip Code 06103	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 346.14		

Full Name (Last, First, Middle Initial) <b>B. DELBERT D MASON</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1907906415307
Mailing Address 2525 Lake Park Boulevard UT015-0500		Amount of Each Receipt this Period 20.00
City West Valley City State UT Zip Code 84120	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc. Occupation Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>C. MARY C C ACONIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119466415307
Mailing Address P.O. Box 29613		Amount of Each Receipt this Period 30.00
City San Antonio State TX Zip Code 78229	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.23
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JOSEPH E ADDIEGO</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 19 Monte Av		<b>Transaction ID: PR2119466615307</b>
City Piedmont	State CA	Zip Code 94611-3716
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 96.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>B. GARY J AHWAH</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2010 Velez Dr		<b>Transaction ID: PR2119466715307</b>
City Rancho Palos Verde	State CA	Zip Code 90275-1426
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 50.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. RAYNEE D ANDREWS</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2323 Creekside Bend		<b>Transaction ID: PR2119467115307</b>
City San Antonio	State TX	Zip Code 78259
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00	
Name of Employer	Occupation	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>176.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. BRENDAN BAKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119467415307
Mailing Address 9183 E. Mountain Springs Road		Amount of Each Receipt this Period 40.00
City State Zip Code Scottsdale AZ 85255-9152	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. SUSAN LYNN BERKEL</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468115307
Mailing Address 10 Shadow Glen		Amount of Each Receipt this Period 192.00
City State Zip Code Irvine CA 92620-0204	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Finance	Aggregate Year-to-Date 1344.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. DAVID J BOHMFALK</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468415307
Mailing Address 24 La Solita		Amount of Each Receipt this Period 50.00
City State Zip Code Foothill Ranch CA 92610-1736	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	282.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. BRADFORD A BOWLUS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119468815307
Mailing Address 3 Ocean Ridge Dr		Amount of Each Receipt this Period 190.00
City Newport Coast	State CA	Zip Code 92657-1554
FEC ID number of contributing federal political committee. C		P/R Deduction (\$190.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00	

Full Name (Last, First, Middle Initial) <b>B. LESLIE J CARTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119470315307
Mailing Address 19021 Poppy Hill Drive		Amount of Each Receipt this Period 96.00
City Huntington Beach	State CA	Zip Code 92648-9710
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>C. HAROLD COATS</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119471015307
Mailing Address 8112 Sapphire Bay Circle		Amount of Each Receipt this Period 50.00
City Las Vegas	State NV	Zip Code 89128-7718
FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	336.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. RANDELL J CORREIA</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address P.O. Box 1025		<b>Transaction ID: PR2119471315307</b>	
City <b>Rancho Santa Fe</b>	State <b>CA</b>	Zip Code <b>92067</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer _____		Occupation _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ <b>210.00</b>	
		P/R Deduction (\$30.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. ANDREA E DILWEG</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2321 Carroll Pk South		<b>Transaction ID: PR2119472915307</b>	
City <b>Long Beach</b>	State <b>CA</b>	Zip Code <b>90814-2230</b>	Amount of Each Receipt this Period _____ <b>37.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer UnitedHealth Group, Inc.		Occupation Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ <b>259.00</b>	
		P/R Deduction (\$37.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. JOSEPH S DOOLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2891 Shelter Creek Court		<b>Transaction ID: PR2119473115307</b>	
City <b>Green Bay</b>	State <b>WI</b>	Zip Code <b>54313</b>	Amount of Each Receipt this Period _____ <b>30.00</b>
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer _____		Occupation _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ _____ <b>210.00</b>	
		P/R Deduction (\$30.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>97.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KATHERINE F FEENY

Mailing Address 25 Sparrowhawk

City Irvine State CA Zip Code 92604-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119473815307

Amount of Each Receipt this Period  
192.00

P/R Deduction (\$192.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
BRADLEY M FLUITT

Mailing Address 108 North Rolling Oaks

City San Antonio State TX Zip Code 78253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119474115307

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN F FRITZ

Mailing Address 25 Elliot Lane

City Coto De Caza State CA Zip Code 92679-5155

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119474615307

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>282.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. JAIME G GONZALEZ</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8008 Bridge Street		<b>Transaction ID: PR2119475615307</b>	
City State Zip Code North Richland Hil TX 76180	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Occupation _____	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOE L GUINN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 201 W.Edgewater Terr		<b>Transaction ID: PR2119476215307</b>	
City State Zip Code New Braunfels TX 78130	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Aggregate Year-to-Date ▼ _____ 420.00		P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DAVID M HANSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 206 Via Sedona		<b>Transaction ID: PR2119476715307</b>	
City State Zip Code San Clemente CA 92673	Amount of Each Receipt this Period _____ 135.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer Occupation UnitedHealth Group, Inc. Executive	Aggregate Year-to-Date ▼ _____ 945.00		P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN M KANNE</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479615307	
Mailing Address 43 Barbados		Amount of Each Receipt this Period 30.00	
City Aliso Viejo	State CA	Zip Code 92656	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 210.00	
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SCOTT KEIM</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119479815307	
Mailing Address 15241 Shadow Mountain Ranch Rd		Amount of Each Receipt this Period 39.00	
City Larkspur	State CO	Zip Code 80118	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 273.00	
Name of Employer UnitedHealth Group, Inc.		Occupation Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. HEATHER M MACE-MEADOR</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119482515307	
Mailing Address 13531 Carlton Oaks		Amount of Each Receipt this Period 40.00	
City San Antonio	State TX	Zip Code 78232	P/R Deduction (\$40.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 280.00	
Name of Employer UnitedHealth Group, Inc.		Occupation Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL S MALLORY

Mailing Address 1195 Lorain Road

City State Zip Code  
San Marino CA 91108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119482615307

Amount of Each Receipt this Period  
96.00

P/R Deduction (\$96.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
PETER W MCKINLEY

Mailing Address 6212 Oakbrook Circle

City State Zip Code  
Huntington Beach CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Information Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119483715307

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DEBORAH MCQUADE

Mailing Address 11630 NE Jefferson Point Road

City State Zip Code  
Kingston WA 98346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119483815307

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>201.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CHARLEEN M MILBURN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119483915307
Mailing Address 3041 San Lorenzo Way		Amount of Each Receipt this Period 65.00
City State Zip Code Carmichael CA 95608	FEC ID number of contributing federal political committee. C	P/R Deduction (\$65.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 455.00	

Full Name (Last, First, Middle Initial) <b>B. GILBERT J MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484015307
Mailing Address 15254 E Peakview Court		Amount of Each Receipt this Period 96.00
City State Zip Code Fountain Hills AZ 85268	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Sales	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>C. NANCY J MONK</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119484315307
Mailing Address 12271 Chianti Dr.		Amount of Each Receipt this Period 50.00
City State Zip Code Los Alamitos CA 90720	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Public Affairs	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 99
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. SCOTT A NEURURER</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 9852 Silvretta Drive		<b>Transaction ID: PR2119484915307</b>
City State Zip Code Cypress CA 90630	Amount of Each Receipt this Period _____ 48.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer UnitedHealth Group, Inc.	Occupation Information systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 336.00	P/R Deduction (\$48.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. PAMELA J PAQUE</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1298 Washington		<b>Transaction ID: PR2119485515307</b>
City State Zip Code Wrightstown WI 54180	Amount of Each Receipt this Period _____ 32.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 224.00	P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. AUSTIN T PITTMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3109 Spur Trail		<b>Transaction ID: PR2119486715307</b>
City State Zip Code Dallas NC 75234	Amount of Each Receipt this Period _____ 135.00	
FEC ID number of contributing federal political committee. C _____		
Name of Employer Executive	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 945.00	P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA L POLICH</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3401 E Via Palomita		<b>Transaction ID: PR2119486815307</b>
City State Zip Code Tucson AZ 85718	Amount of Each Receipt this Period _____ 48.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$48.00 Bi-Weekly)	
Name of Employer: UnitedHealth Group, Inc. Occupation: Marketing	Aggregate Year-to-Date ▼ _____ 336.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GREGG R RATKOVIC</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 603 Corte Calmo		<b>Transaction ID: PR2119487515307</b>
City State Zip Code San Clemente CA 92673	Amount of Each Receipt this Period _____ 50.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer: UnitedHealth Group, Inc. Occupation: Marketing	Aggregate Year-to-Date ▼ _____ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. GREGORY W SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 24 Inverness Lane		<b>Transaction ID: PR2119489715307</b>
City State Zip Code Newport Beach CA 92660	Amount of Each Receipt this Period _____ 30.00	
FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)	
Name of Employer: Occupation:	Aggregate Year-to-Date ▼ _____ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>128.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. CHRISTINA M SUMPTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119490915307	
Mailing Address 2009 Kornat Dr		Amount of Each Receipt this Period 96.00	
City Costa Mesa	State CA	Zip Code 92626-3531	P/R Deduction (\$96.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 672.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Informaiton Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CHERYL TANIGAWA, MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491115307	
Mailing Address 5598 Naples Canal		Amount of Each Receipt this Period 50.00	
City Long Beach	State CA	Zip Code 90803-4018	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 350.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GLENN TERWILLIGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491315307	
Mailing Address 29628 Woodbrook Dr.		Amount of Each Receipt this Period 135.00	
City Agoura Hills	State CA	Zip Code 91301-4413	P/R Deduction (\$135.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 945.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Insurance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	281.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. PATTI TUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119491915307
Mailing Address 16815 Wanderly Lane		Amount of Each Receipt this Period 96.00
City State Zip Code Huntington Beach CA 92649-6026	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Marketing	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>B. STEVEN M TUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119492015307
Mailing Address 2422 N. Eaton Ct.		Amount of Each Receipt this Period 96.00
City State Zip Code Orange CA 92867-6494	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Public Relations	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 672.00	

Full Name (Last, First, Middle Initial) <b>C. SUSAN VANASTEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR2119492615307
Mailing Address W313 Golden Glow Road		Amount of Each Receipt this Period 35.00
City State Zip Code Kaukauna WI 54130-7809	FEC ID number of contributing federal political committee. C	P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer Occupation UnitedHealth Group, Inc. Medical	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 245.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 90 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SCOTT B WESTPHAL

Mailing Address 4536 Rocky Run Lane

City State Zip Code  
Oconto WI 54153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119493215307

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
THOMAS G ZIELINSKI

Mailing Address 1935 E Telemark Circle

City State Zip Code  
Green Bay WI 54313-4335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119494615307

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$45.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	13239.46

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. The Blue Dog PAC</b>		<b>Transaction ID:</b> 24725779 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 227 Massachusetts Ave Suite 101		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Support for Democratic Candidates to US Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Support for Democratic Candidates to US House

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee</b>		<b>Transaction ID:</b> 24725766 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 555 13th Street NW Suite 600 East		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20004-1109	Purpose of Disbursement Election to US Senate Candidate Name Orrin G. Hatch Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election to US Senate

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin For Senate</b>		<b>Transaction ID:</b> 24725776 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 1500.00
City Baltimore State MD Zip Code 21209	Purpose of Disbursement Election to US Senate Candidate Name Mr. Benjamin Cardin Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election to US Senate

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Solis For Congress</b>		<b>Transaction ID:</b> 24725771 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep. Hilda Solis		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 32

Full Name (Last, First, Middle Initial) <b>B. Castor For Congress</b>		<b>Transaction ID:</b> 24725768 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address PO Box 5419		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33675	Election to US House of Reps	
Purpose of Disbursement Election to US House of Reps		011 Category/Type
Candidate Name Katherine Castor		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 11

Full Name (Last, First, Middle Initial) <b>C. Committee To Re-Elect Linda Sanchez</b>		<b>Transaction ID:</b> 24725773 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 6
Mailing Address 601 S Glenoaks Blvd Suite 211		Amount of Each Disbursement this Period 1000.00
City Burbank State CA Zip Code 91502	Re-election to US House of Reps	
Purpose of Disbursement Re-election to US House of Reps		011 Category/Type
Candidate Name Rep. Linda Sanchez		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 39

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Mel Watt For Congress Committee</b>		Transaction ID: 24725775 Date of Disbursement 10 / 09 / 2006
Mailing Address PO Box 36831		Amount of Each Disbursement this Period 1000.00
City Charlotte	State NC	
Zip Code 28236	Purpose of Disbursement Re-election to US House of Reprs 011 Category/Type	
Candidate Name Rep. Melvin Watt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US House of Reprs
State: NC District: 12		

Full Name (Last, First, Middle Initial) <b>B. Diana Degette For Congress Inc.</b>		Transaction ID: 24725780 Date of Disbursement 10 / 09 / 2006
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00
City Denver	State CO	
Zip Code 80206	Purpose of Disbursement Re-election to US House of Reprs 011 Category/Type	
Candidate Name Rep. Diana DeGette		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US House of Reprs
State: CO District: 1		

Full Name (Last, First, Middle Initial) <b>C. The Committee to Re-elect Loretta Sanchez</b>		Transaction ID: 24802009 Date of Disbursement 10 / 12 / 2006
Mailing Address 604 South Harbor Blvd.		Amount of Each Disbursement this Period 1000.00
City Santa Ana	State CA	
Zip Code 92704	Purpose of Disbursement Re-election to US House of Reprs 011 Category/Type	
Candidate Name Loretta Sanchez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US House of Reprs
State: CA District: 47		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Tim Mahoney For Florida</b>		<b>Transaction ID: 24802011</b>																					
Mailing Address 1128-408 Royal Palm Beach Blvd		Date of Disbursement																					
City Royal Palm Beach State FL Zip Code 33411		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	2	/	2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Mr. Timothy Mahoney		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
State: FL District: 16																							

Full Name (Last, First, Middle Initial) <b>B. Charles A Gonzalez Congressional Campaign</b>		<b>Transaction ID: 24853741</b>																					
Mailing Address PO Box 12612		Date of Disbursement																					
City San Antonio State TX Zip Code 78212		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	8	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	1	8	/	2	0	0	6														
Purpose of Disbursement Re-election to US House of Reps		Amount of Each Disbursement this Period																					
Candidate Name Rep. Charles Gonzalez		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																		
011																							
Category/ Type																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
State: TX District: 20	Re-election to US House of Reps																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**15500.00**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A. Texans for Rick Perry</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 12428 City Austin State TX Zip Code 78711-2428 Purpose of Disbursement Rick Perry, GOVERNOR TX Candidate Name Rick Perry Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809511</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 20000.00 Rick Perry, GOVERNOR TX
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<b>B. David Dewhurst Committee</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 756 City Austin State TX Zip Code 78767-0756 Purpose of Disbursement David Dewhurst, LT. GOVERNOR TX Candidate Name David Dewhurst Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809508</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 5000.00 David Dewhurst, LT. GOVERNOR TX
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<b>C. Friends of Kyle Janek</b> Full Name (Last, First, Middle Initial) Mailing Address 815 Brazos Street, Suite 701 City Austin State TX Zip Code 78701 Purpose of Disbursement Kyle Janek, STATE SENATE TX Candidate Name TX Sen. Kyle Janek Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809539</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Kyle Janek, STATE SENATE TX
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	26000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. John Davis Campaign</b>		Transaction ID: 24809593 Date of Disbursement 10 / 16 / 2006
Mailing Address 14807 Tumbling Falls		Amount of Each Disbursement this Period 1000.00
City Houston State TX Zip Code 77062	Purpose of Disbursement John Davis, STATE HOUSE 129th TX Candidate Name Representative John Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 12	
Category/Type 011		John Davis, STATE HOUSE 129th TX

Full Name (Last, First, Middle Initial) <b>B. Kip Averitt Campaign</b>		Transaction ID: 24809678 Date of Disbursement 10 / 16 / 2006
Mailing Address P.O. Box 20683		Amount of Each Disbursement this Period 1500.00
City Waco State TX Zip Code 76702	Purpose of Disbursement Kip Averitt, STATE SENATE TX Candidate Name TX Sen. Kip Averitt Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22	
Category/Type 011		Kip Averitt, STATE SENATE TX

Full Name (Last, First, Middle Initial) <b>C. Carl Isett Campaign</b>		Transaction ID: 24809543 Date of Disbursement 10 / 16 / 2006
Mailing Address 3817 62nd Drive		Amount of Each Disbursement this Period 500.00
City Lubbock State TX Zip Code 79413	Purpose of Disbursement Carl Isett, STATE HOUSE 84th TX Candidate Name Representative Carl Isett Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 84	
Category/Type 011		Carl Isett, STATE HOUSE 84th TX

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A. Jodie Laubenberg Campaign</b> Full Name (Last, First, Middle Initial) Jodie Laubenberg Campaign Mailing Address P.O. Box 1154 City Wylie State TX Zip Code 75098 Purpose of Disbursement Jodie Laubenberg, STATE HOUSE 89th TX Candidate Name TX Rep. Jodie Laubenberg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 89 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809537</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Jodie Laubenberg, STATE HOUSE 89th TX
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<b>B. Steve Ogden Campaign</b> Full Name (Last, First, Middle Initial) Steve Ogden Campaign Mailing Address P.O. Box 3126 City Bryan State TX Zip Code 77805-3126 Purpose of Disbursement Steve Ogden, STATE SENATE TX Candidate Name Senator Steve Ogden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 5 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809512</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Steve Ogden, STATE SENATE TX
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<b>C. Coalition to Elect Larry Taylor</b> Full Name (Last, First, Middle Initial) Coalition to Elect Larry Taylor Mailing Address 911 Cowards Creek Dr. City Friendswood State TX Zip Code 77546 Purpose of Disbursement Larry Taylor, STATE HOUSE 24th TX Candidate Name TX Rep. Larry Taylor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 24809521</b> Date of Disbursement 10 / 16 / 2006 Amount of Each Disbursement this Period 1000.00 Larry Taylor, STATE HOUSE 24th TX
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Van Arsdale Campaign</b>		<b>Transaction ID:</b> 24809525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address 9318 Reid Lake		Amount of Each Disbursement this Period 500.00
City Houston State TX Zip Code 77064	Corbin Van Arsdale, STATE HOUSE 130th TX	
Purpose of Disbursement Corbin Van Arsdale, STATE HOUSE 130th TX		011 Category/Type
Candidate Name TX Rep. Corbin Van Arsdale		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13		

Full Name (Last, First, Middle Initial) <b>B. Lois Kolkhorst for State Representative</b>		<b>Transaction ID:</b> 24809531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 2546		Amount of Each Disbursement this Period 250.00
City Brenham State TX Zip Code 77834	Lois Kolkhorst, STATE HOUSE 13rd TX	
Purpose of Disbursement Lois Kolkhorst, STATE HOUSE 13rd TX		011 Category/Type
Candidate Name Representative Lois Kolkhorst		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13		

Full Name (Last, First, Middle Initial) <b>C. Representative Dan Gattis</b>		<b>Transaction ID:</b> 24809553 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6
Mailing Address PO Box 2856		Amount of Each Disbursement this Period 1000.00
City Georgetown State TX Zip Code 78627	Dan Gattis, STATE HOUSE 20th TX	
Purpose of Disbursement Dan Gattis, STATE HOUSE 20th TX		011 Category/Type
Candidate Name TX Rep. Dan Gattis		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) <b>A. Eissler and Associates</b>		<b>Transaction ID:</b> 24809568 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 26214 Oak Ridge Drive		Amount of Each Disbursement this Period 500.00	
City The Woodlands State TX Zip Code 77380	Rob Eissler, STATE HOUSE 15th TX		
Purpose of Disbursement Rob Eissler, STATE HOUSE 15th TX			011 Category/ Type
Candidate Name TX Rep. Rob Eissler			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 15

Full Name (Last, First, Middle Initial) <b>B. Committee for Craig Eiland</b>		<b>Transaction ID:</b> 24809580 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 2423 Market, Suite 1		Amount of Each Disbursement this Period 500.00	
City Galveston State TX Zip Code 77550	Craig Eiland, STATE HOUSE 23rd TX		
Purpose of Disbursement Craig Eiland, STATE HOUSE 23rd TX			011 Category/ Type
Candidate Name Representative Craig Eiland			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 23

Full Name (Last, First, Middle Initial) <b>C. Garnet Coleman Campaign</b>		<b>Transaction ID:</b> 24809603 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 5445 Almeda, Suite 503		Amount of Each Disbursement this Period 500.00	
City Houston State TX Zip Code 77004	Garnet Coleman, STATE HOU- SE 147th TX		
Purpose of Disbursement Garnet Coleman, STATE HOUSE 147th TX			011 Category/ Type
Candidate Name Representative Garnet Coleman			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 14

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	35250.00